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To: U.S. Patent and Trademark Office
Examiner: Olisa Anwah; Group Art Unit 2645

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Telephone No.: _____

From: Christian R. Andersen

Date: December 9, 2004

Number of Pages Including Cover: 15

Message: FORMAL SUBMISSION OF:

- 1.) Amendment/Reply Transmittal Form; and
- 2.) Amendment

Attorney Docket No.: 00-VE22.41A
Applicants: William F. DIEDE et al.
Serial No.: 09/609,585
Filing Date: June 30, 2000
Title: VOICE DIALING USING TEXT NAMES
Group Art Unit: 2645
Examiner: Olisa Anwah


Mail Stop AF
Commissioner for Patents
Alexandria, VA 22313-1450

CERTIFICATE OF FACSIMILE TRANSMISSION

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Christian Andersen

Type or print name of person signing certification


Signature

December 9, 2004
Date

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Patent
Attorney's Docket No. 00-VE22.41A

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of)	
)	
William F. DIEDE et al.)	Group Art Unit: 2645
)	
Application No.: 09/609,585)	Examiner: Olisa Anwah
)	
Filed: June 30, 2000)	
)	
For: VOICE DIALING USING TEXT)	
NAMES)	

AMENDMENT/REPLY TRANSMITTAL LETTER

Mail Stop AF
Commissioner For Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Sir:

Enclosed is a reply for the above-identified patent application.

- ☐ A Petition for Extension of Time is also enclosed.
- ☐ A Terminal Disclaimer and a check for ☐ \$55.00 ☐ \$110.00 to cover the requisite Government fee are also enclosed.
- ☐ Applicant(s) request continued examination under 37 C.F.R. § 1.114 and enclose the ☐ \$385.00 ☐ \$770.00 fee due under 37 C.F.R. § 1.17(e).
- ☐ Applicant(s) previously submitted _____, on _____, for which continued examination is requested.
- ☐ A request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) is also enclosed.

Amendment/Reply Transmittal Letter
 Application Serial No. 09/609,585
 Attorney's Docket No. 00-VE22.41A
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- ☒ No additional claim fee is required.
☐ An additional claim fee is required, and is calculated as shown below:

AMENDED CLAIMS					
	No. of Claims	Highest No. Of Claims Previously Paid For	Extra Claims	Rate	Additional Fee
Total Claims	33	42	0	x \$18.00 =	00.00
Ind. Claims	3	4	0	x \$ 88.00 =	00.00
If Amendment adds multiple dependent claims, add \$280.00					
Total Amendment Fee					
If Small entity status is claimed, subtract 50% of Total Amendment Fee					
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					00.00

- ☐ A claim fee in the amount of \$ _____ - is enclosed.
☐ Charge \$ _____ to Deposit Account no. 07-2347.


To the extent necessary, a petition for an extension of time under 37 C.F.R. § 1.136 is hereby made. Please charge any shortage in fees due in connection with the filing of this paper, including extension of time fees, to Deposit Account No. 07-2347 and please credit any excess fees to such deposit account.

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Application Serial No. 09/609,585
Attorney's Docket No. 00-VE22.41A
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The Commissioner is hereby authorized to charge any other appropriate fees that may be required by this paper that are not accounted for above, and to credit any overpayment, to Deposit Account No. 07-2347.

Respectfully submitted,

By:


Joel Wall
Reg. No. 25,648

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Date: December 9, 2004